



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, APRIL 25, 2019

2:30PM – 5:00PM

Conference Center at Highland Care Pavilion

1411 East 31st Street Oakland, CA 94602

Ronna Jojola Gonsalves, Clerk of the Board

(510) 535-7515

LOCATION:

Open Session: HCP Conference Center

COMMITTEE MEMBERS **

Kinkini Banerjee

Taft Bhuket, MD, *Chair*

Gary Charland

Maria Hernandez

Tracy Jensen

NON-VOTING MEMBERS

Chief of Staff – AHS Medical Staff: M. Kelley Bullard, MD

Chief of Staff - AH Medical Staff: Joseph Marzouk, MD

Chief of Staff - SLH Medical Staff: Michael Ingegno, MD

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:35 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Maria Hernandez, and Tracy Jensen

ABSENT: Gary Charland

A quorum was established.

A. CLOSED SESSION (Estimated 30 minutes)

1. Consideration of Confidential Medical Staff Credentialing Reports

M. Kelley Bullard, MD - AHS Medical Staff

Joseph Marzouk, MD - AH Medical Staff

Michael Ingegno, MD - SLH Medical Staff

**** In the event that a quorum of the Board of Trustees participates on this Committee, the meeting is noticed as a Special Meeting of the Board of Trustees; however, no final Board of Trustees action can be taken.**

2. Conference with Legal Counsel

M. D. Moye, General Counsel

Significant Exposure to Litigation [Accreditation, Risk Management, Patient Safety]
[Government Code Section 54956.9]

Discussion of Matters Constituting Trade Secrets [Government Code Section 54962; Health & Safety Code Section 101850(ae)(1)]

(Reconvene to Open Session)

B. ACTION: Consent Agenda (Estimated 10 minutes)

1. Approval of the Minutes of the March 28, 2019 Quality Professional Services Committee Meeting

2. Approval of Policies and Procedures

Recommendation to the Board of Trustees for approval of the Policies listed below.

System

- Ambulatory Formulary Management Policy
- Freestanding Clinic Policy and Procedure Manual
- Bed Bugs Lice Scabies Policy
- Hemodialysis Management

Highland Hospital

- Vancomycin Dosing Protocol
- Medication Error Reduction Plan

John George Psychiatric Hospital

- Tarasoff Policy

Trustee Bhuket discussed the consistency issues with the policies and the use of the term "System MEC". Trustee Bhuket said they approved the "Facility and Medical Staff Added to Hospital License" policy on page 80 of the agenda packet in Closed Session.

Trustee Banerjee and Dr. Hussain discussed the policy on Page 45. When the licenses merge the regulatory requirement will have to be addressed. The THC had a list of required documents and staff was identifying the policies that would require review. They could be written to allow some variation but it would be best to minimize.

ACTION: A motion was made and seconded to approve the Consent Agenda. The motion passed.

AYES: Trustees Banerjee, Bhuket, Charland, Hernandez, and Jensen

NAYS: None

ABSTENTION: None

END OF CONSENT AGENDA

C. REPORT/DISCUSSION: QPSC Chair (Estimated 10 minutes)
Taft Bhuket, MD, Chair

1. Perchance to Think. NEJM Mar 2019.

Trustee Bhuket discussed the article on agenda packet page 73.

Trustee Hernandez said it was frightening how much physicians had to process in a day and how much responsibility they had. She wondered how S*A*P*P*H*I*R*E* would affect the situation.

Trustee Banerjee discussed the team-based approach model and how to use they could use that model now that AHS had a SIM lab and such.

Dr. Jamaledine said that physicians could take this as a challenge as much as an opportunity. The patents, the medications, and the system were much more complex than they used to be. He discussed looking at patient engagement more as an approach.

D. REPORT/DISCUSSION: Medical Staff Reports (Estimated 40 minutes)

M. Kelley Bullard, MD - AHS Medical Staff

Joseph Marzouk, MD - AH Medical Staff

Michael Ingegno, MD - SLH Medical Staff

Dr. Marzouk discussed the report beginning on agenda packet page 77.

Trustee Jensen asked if the ED transition had been successful. Dr. Marzouk said it had.

Trustee Bhuket asked him to comment on the transfer center protocol and if the medical staff was aware they were making progress. Dr. Marzouk said they were aware, and they had discussed the census concerns.

Trustee Bhuket asked about the ability of non-physician staff to manage the S*A*P*P*H*I*R*E* transition. Dr. Marzouk said it was good, they had a lot of younger staff who were experienced and should transition well.

Dr. Marzouk said that his top concerns, in order, were Neurology, the Transfer Center, and Cardiology.

Dr. Anupama Raikanti, Vice Chief of Staff discussed the report beginning on agenda packet page 78.

Trustee Banerjee asked about the closure of beds and what were some mitigating approaches that were being done. Mr. Fonseca said he didn't know beds were closed down in the ED at San Leandro Hospital, so he would look into that. He said they did restructure the schedule to be more efficient based on volume schedules. Trustee Banerjee said throughput issues had been going on for several months in a row. Mr. Fonseca said throughput challenges were a result of all the beds beings full on the second floor. Dr. Jamaledine said, regarding patients leaving without being seen, they had struggled to see improvement.

Dr. Raikanti said that her top concerns, in order, were the ER bed closures, S*A*P*P*H*I*R*E* staffing around rollout, and the Medical Staff Merger.

Trustee Jensen recommended a room at the Senior Community Center to solve some of the potential class room space issues Dr. Raikanti mentioned.

Trustee Hernandez asked how many computers there were at the hospital. Dr. Raikanti said there was one room with three computers dedicated to physicians that had access to charts and eight more that were shared with other staff. Trustee Hernandez said it was important for AHS to provide SLH with enough workstations for doctors to access S*A*P*P*H*I*R*E*. Dr. Jamaledine said he would look into the issue and report back to the Committee.

Mark Amey, CIO, said (at the end of the meeting) they were using two classrooms at SLH for training. Additionally, they would have a command center in the back of the hospital. Regarding device placement, he said he walked through the facility and worked with SLH management, clinicians, and the facilities team to create a blueprint of device locations.

Dr. Bullard discussed the report beginning on agenda packet page 76.

Trustee Hernandez suggested an internal advisory council with equity purview compiled of the different stakeholders. Ultimately AHS leaders would need to have a list of things they were held accountable for. When it was part of everyone's responsibility it would become part of the culture.

Dr. Bullard said that her top concerns were the budget, S*A*P*P*H*I*R*E*, and the medical staff merger.

E. REPORT/DISCUSSION: SBU Quality Metric Report (Estimated 20 minutes)

Ambulatory

Palav Babaria, MD, Chief Administrative Officer

Dr. Babaria reviewed the report beginning on agenda packet page 101.

Trustee Hernandez asked about the childhood access data. Dr. Babaria said this was not acute care, but regular checkups. It included all the assigned patients that may or may not use AHS services. The lower numbers would be the children who had not come into the system. Trustee Hernandez said they needed to dig deeper to determine which kids were missing and then partner with the appropriate agencies to get those kids to come in.

Trustee Banerjee asked about the TNM data points. Dr. Babaria said the goal was to see how many targets they were hitting as a ratio to give a sense of all of the work they were doing.

Dr. Babaria said that her top concerns were the budget and S*A*P*P*H*I*R*E*.

F. REPORT/DISCUSSION: Translation Services (Estimated 15 minutes)

*Sylvia Lozano, VP System Transformation
Helen Pagilagan, Director Interpreter Services
Sambo Ly, Manager Translation Services*

Ms. Lozano and Ms. Pagilagan discussed the report beginning on agenda packet page 116.

Trustee Jensen asked about accessibility of the system. Ms. Pagilagan said they did their best but mistakes did happen at bedside.

Trustee Hernandez asked if S*A*P*P*H*I*R*E* would indicate which language patients spoke. Ms. Lozano said it would. Discharge documents would also be able to be printed in a variety of languages.

Ms. Lozano said that her top concern was data. The Committee discussed the importance of cultural competency with translation services.

G. REPORT/DISCUSSION: Patient Safety and Regulatory Affairs (Estimated 5 minutes)

*Tanvir Hussain, MD, Vice President of Quality
Darshan Grewal, Director of Patient Safety*

Trustee Bhuket requested a key for the safety alerts.

H. REPORT/DISCUSSION: True North Metric Forecast, 2019-2020 (Estimated 10 minutes)

Tanvir Hussain, MD, Vice President of Quality

Trustee Bhuket reminded the Committee they would vote on this in June.

Dr. Hussain reviewed the report beginning on agenda packet page 136.

Based on a question from Trustee Jensen, Dr. Hussain said that measuring the care they deliver was complex. Multiple organizations had the sole mission of performance measurement. He feared straying too far from best practice to recreate that because he wasn't sure the Quality Team could provide an alternative that was superior to these organizations. Trustee Jensen said they did the survey on safety and that was the kind of data that could show the trends that they should be measuring.

I. REPORT/DISCUSSION: True North Metric Dashboard Review (Estimated 5 minutes)

Tanvir Hussain, MD, Vice President of Quality

J. DISCUSSION: Planning Calendar/Issue Tracking (Estimated 4 minutes)

Taft Bhuket, Chair

Trustee Bhuket said next month they had the Patient Affairs Landscape set for discussion. He said they should defer that question to allow more time for the TNM discussion.

**K. REPORT: Legal Counsel's Report on Action Taken in Closed Session (Estimated 1 minute)
*M. D. Moye, General Counsel***

Mr. Moye reported that the Committee met in Closed Session and considered credentialing reports for each of the medical staffs and approved credentials/privileges for fully qualified practitioners recommended by the medical staffs.

PUBLIC COMMENT - None

TRUSTEE REMARKS - None

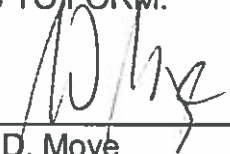
ADJOURNMENT: 5:05 PM

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of April 25, 2019 as approved by the Quality Professional Services Committee on May 23, 2019:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

M.D. Moye
General Counsel